How Mental Health Challenges Impact the Sexual and Relational Health of Young Adults

Sexual behavior is a normative aspect of young adulthood—90% of young adults have had vaginal intercourse and/or oral sex before the age of 30.[1] Similarly, engaging in romantic and/or intimate relationships is seen as an essential developmental task of young adulthood. However, little is known about the sexual and romantic relationships of young adults with serious mental health conditions (SMHC), despite the fact that there is evidence that this population is disproportionately affected by poor sexual health. This article will outline what is known about the sexual and romantic relationships of young adults with SMHC and highlight the importance of engaging in conversations about sexual and romantic relationships with young adults experiencing mental health challenges.

Sexual Health Challenges of Young Adults in the General Population

While sexual experience among young adults is clearly normative, young adults face high rates of negative sexual health outcomes. Every year, of the 19 million reported new cases of sexually transmitted infections (STIs), half occur in 15-24 year-olds.[2] Over half (55%) of unplanned pregnancies occur among women aged 20-29.[3]

There are a number of factors that contribute to poor sexual health including greater quantity of sexual partners, low condom use, and lack of access to health care—all of which are experienced at high rates by young adults in the general population. Males ages 20 to 24 have an average of 4 lifetime sexual partners, and 30% report having seven or more sexual partners. Females in this age range report 3 lifetime sexual partners, and 21% report having seven or more sexual partners.[4] Percentages of 18-29 year-olds who report using a condom at last intercourse range from 19-53%; variation depends on gender and relationship status. For example, condom use is higher for those in casual relationships when compared to those in a committed relationship.[5] Overall, condom use remains low.

Young adults are the least likely age group to have health insurance in the United States. They report either missing or delaying care and failing to fill prescriptions due to their lack of coverage.[6] The lack of access to health care can prevent young adults from obtaining a variety of sexual health services, such as STI testing and treatment, birth control and family planning, and prenatal care. Additionally, many youth and young adults rely on publicly funded sources of care to maintain their sexual and reproductive health. The overall increases in the need for these services and cuts to public funding often stretch the capacity of these clinics to provide adequate and timely care.

The Sexual Health of Young Adults with SMHC

Very little is known about the sexual health of young adults with SMHC; what little research there is shows that rates of risky sexual behavior and negative sexual outcomes

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in young adults with SMHC are especially high. In a representative sample of middle and high school students, depressive symptoms in males were associated with not using a condom during last sex; in females these symptoms were associated with having an STI.[7] Among a group of 21-year-olds, those diagnosed with a serious mental illness were more likely to report having sex without a condom and a lifetime history of STIs when compared to those without mental illness; these associations were not dependent on gender or socioeconomic background.[8] Young adults with a mental health diagnosis and a substance use disorder were more likely to have unprotected sex and history of STIs.[8] In a community sample of late adolescent women, higher rates of unwanted pregnancy were associated with higher scores on a measure of bipolar disorder.[9] Although this limited research provides some evidence that young adults with serious mental health conditions also exhibit poor sexual health and risky sexual behaviors and may be at greater risk for a negative sexual outcome than young adults in the general population, a major limitation to this research is that it is correlational. Therefore, it remains unclear as to whether mental health status causes risky sexual behavior, risky sexual behavior has a negative impact on mental health, or some other factor(s) impacts both.

Relationship Between Mental Health and Risky Sexual Behavior

Given the association between SMHC and risky sexual behavior, it is important to understand why these two characteristics might be related. Several factors may play a role in this phenomenon such as childhood trauma, stigmatization, and the characteristics of the mental illness.

It is possible that young persons with SMHC have been exposed to traumatic and/or abusive experiences in early childhood that may affect both mental and sexual health. It is well documented that a history of child abuse—especially sexual abuse—is associated with poorer mental and sexual health in adolescents and adults (see Maniglio, 2009 for a review and Kishna's article in this issue).[10]

Internal and external stigmatization of mental health conditions may also provide barriers to healthy romantic relationships and associated sexual behaviors. Low self-esteem and high internal stigmatization in young adults with mental health conditions can lead to expectations of rejection and subsequent loss of confidence to fully participate in a romantic relationship. This perceived undesirability may result in a failure to advocate for safer sex practices, resulting from fear of disapproval or loss of a partner. Internal stigmatization may cause a person to "settle" for a partner that may not respect his or her sexual limits. For example, one study found that 20% of women with a serious mental illness had sex with people they didn't like.[11]

Some mental health conditions, such as borderline personality disorder (BPD), are associated with impulsivity, poor decision-making, and unstable, intense interpersonal relationships. These symptoms can directly impact sexual behaviors and/or partner choice.[9,12] For example, impulsivity in sexual decision making could reduce rates of contraceptive use or safer sex planning. Insecure but intense relationships could cause a person with BPD to rush into a sexual relationship with someone for fear of losing her or him.

Factors Influencing Sexual Intimacy

Mental illness in young adults is not only associated with patterns of risky sexual behaviors, but also with other sexual difficulties related to intimacy and performance. Certain mental health conditions, such as anorexia nervosa and borderline personality disorder, are more likely to be associated with difficulties in romantic relationships and sexual intimacy. For example, women with anorexia nervosa have reported less closeness and comfort in their romantic relationships; these challenges in forming satisfactory relationships were associated with symptoms of depression, anxiety, fear of abandonment, and public self-consciousness.[13] Young adults diagnosed with borderline disorders report high levels of avoidance of sex (41%) and being symptomatic after sex (34%), with females more likely than males to report higher rates of sexual relationship difficulties.[12]

While treating the symptoms of one's mental health condition remains a priority for patient, family, and provider, many medications used to treat depression or psychosis are associated with sexual side effects. These include decreased sexual desire and decreased ability to perform sexually and/or orgasm. Such side effects are common: A review of the effects of anti-depressants shows that over half of persons taking these medications experience a decrease in sexual desire and/or performance.[14] Similarly, over half of men and a third of women experienced diminished sexual desire due to medication treatments for schizophrenia; a quarter of male respondents also reported erectile dysfunction.[15] Such side effects may have a negative impact on the romantic relationships of young adults.

Mental Illness as a Barrier to Romantic Relationships

Most sexual interactions occur within the context of a romantic relationship, yet there are particular challenges to forming and maintaining an intimate relationship when a young adult has a mental health condition. Redmond and her colleagues provide the most in-depth research on this issue. Their in-depth interviews with eight young adults with psychosis revealed that several of these youth believed that "romantic relationships and psychosis don't mix" (p. 159).[16] This caused them to either downplay their symptoms to avoid discussing their mental health with a partner, or dismiss entering into intimate relationships altogether to avoid disclosure. This fear of disclosure also caused young adults to delay dating experiences, and thus made finding a partner their age willing to progress in a relationship difficult. Another factor that delayed the progress of intimate relationships was the mental health condition itself; participants stated that while they did want to pursue and/or maintain romantic relationships, they only were able to do so when they were managing their symptoms well. While they were having difficulty managing their mental health, the added stressor of a relationship was reported to be too much to handle.

Issue of Silence

Despite the documented importance of sexual and romantic relationships in young adults, there is little evidence that those with mental health conditions have a supportive environment in which to discuss and express their sexuality and desire for intimacy. One study found that only 30% of women with a serious mental illness believed their mental health providers encouraged them to discuss sexual relationships, and that friends and family were similarly unsupportive in addressing this issue. In fact, over a quarter of these women were told they should not be having sex.[11] This same study also found that about one-third of the women were not free to have sex where they resided.

Additionally, romantic relationships can represent "normality" for young persons with SMHC, but are also perceived as "risky" because of the barriers created by internal and external stigmatization.[16] In addition, while the impact of sexual side effects of some medications on adherence to mental health treatment is unknown, open discussions of these side effects by practitioners may create a safe space for clients to discuss other treatment options, or sexual and/or romantic relationships in their lives. Young adults could benefit from encouragement to talk about relationships and get additional support to pursue intimate ones.

Even if mental health professionals were open to discussing sexuality with their clients, there is evidence that they do not receive proper training. A study of staff at a residential treatment setting revealed that while the staff were confronted with many sexual issues at work from adolescent patients (e.g., residents "acting out," history of sex abuse, lack of knowledge about sex), there was little support for them to help residents address these issues. The vast majority of professionals (90%) reported interest in receiving additional training on sexual issues and how to handle them,[17] yet a review of the top 20 social work graduate programs reveals that the 13 that do offer a course in Human Sexuality offer it as an elective only.[18]

BEGINNING THE CONVERSATION

This article highlights the importance of discussing both sexual and romantic relationships with young adults with SMHC by documenting their sexual health risk factors and challenges in forming and maintaining romantic relationships. It is essential that more research is done to better understand how to support the sexual and romantic expressions within this population—and that the necessary training for professionals follows this research.

Mental health plays a significant role in how young adults construct their intimate relationships. Given the potentially critical effects of choices and experiences in the romantic domain during this developmental period,[9] it is important to consider mental health when supporting young adults in developing healthy and fulfilling intimate relationships. Young adults with SMHC need to be told they are worthy of having a partner who cares about them; they are also worth advocating for when it comes to safer sex practices.

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PROJECTS AND STAFF:

CAREER VISIONS tests an approach to career planning and employment for young adults, ages 21-25, who are receiving SSE or extended special education services.

Jo-Ann Sowers, Principal Investigator; Jared Tormohlen, Project Manager; Jessica Schmidt and Rhenne Miles, Graduate Research Assistants; Natalie Wood, Research Intern.

BETTER FUTURES tests a comprehensive intervention to assist young people in foster care with serious mental health conditions to prepare to participate in post-secondary education.

Sarah Geenan and Laurie Powers, Co-Principal Investigators; Pauline Jivanjee, Project Advisor; Lee Ann Phillips, Project Manager; Amy Salazar, Graduate Research Assistant; Adrienne Croskey and Zoe Brown, Student Research Assistants; Lindsay Coffey, Research Intern.

ACHIEVE MY PLAN studies the efficacy of an intervention to increase young people's participation and engagement in their mental health treatment planning teams, and to build organizational capacity to support youth engagement.

Janet S. Walker and Laurie Powers, Co-Principal Investigators; Celeste Moser, Project Coordinator; Daniel Donohue, Student Research Assistant; Jen Allen, Coaching Consultant; Katrina Friedrich, Celina Kishna, and Andrea Ngo, Research Interns.

TRANSITION POLICY CONSORTIUM will develop an inventory that assesses the level of community support for transition services with a specific emphasis on measuring collaboration and continuity of care between the child and adult mental health systems.

Nancy Koroloff and Janet Walker: Co-Principal Investigators; Barbara Friesen, Project Advisor; Aakrati Mathur, Graduate Research Assistant.

FINDING OUR WAY furthers the development of a culturally specific self-assessment tool for American Indian/Alaskan Native young people. Developed for youth ages 13-19, the tool will be modified to include issues relevant to transition.

Barbara Friesen and Terry Cross, Co-Principal Investigators; L. Kris Gowen and Pauline Jivanjee, Researchers; Abby Bandurraga, Graduate Research Assistant.

EHEALTH LITERACY is a developmental project that will contribute to a knowledge base about the ways youth and young adults use the internet to find information about mental health care, conditions, symptoms, or medications. The information will be used to develop and test an eHealth literacy curriculum.

L. Kris Gowen, Principal Investigator; Matthew Deschaine, Graduate Research Assistant.

RECOVERY OUTCOMES is a secondary analysis of large national data sets. This project will analyze data from the System of Care National Evaluation related to young people's recovery outcomes.

Eileen Brennan, Principal Investigator; Peggy Nygren, Graduate Research Collaborator; Robert L. Stephens, Project Consultant.

MEDIATORS OF STIGMATIZATION analyzed data from nationally representative samples of youth and young adults, and used this information to identify potentially effective anti-stigmatization strategies.

Janet Walker, Principal Investigator.

TRANSITION TRAINING COLLABORATIVE will develop graduate and undergraduate course modules appropriate for individuals who plan to work with transition-aged youth, as well as modules for in-service delivery.

Eileen Brennan and Pauline Jivanjee, Co-Principal Investigators; Eliz Roser, Graduate Research Assistant.

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